



Eric J. Holcomb
Governor

Kristina Box, MD, FACOG
State Health Commissioner

Dear Valued Customer:

Now that you have your certified Indiana State Department of Health Birth or Death Certificate, please follow the steps below to receive an Apostille/Authentication.

This process has been established by the Indiana Secretary of State. Therefore, if you should have any questions or need more assistance, please contact the *Apostille and Authentication Clerk*:

Monday-Friday 8:00am-4:30pm
Phone: 317-232-2677
Email: apostille@sos.in.gov
Website: <http://www.in.gov/sos/business>

Package the request with the following.

Prepared form/cover letter that includes the below information.

- Submitter name
- Phone number - **the phone number included will need for the person we can contact in case of any questions we may have.**
- Return mailing address - **please make sure to include the city, state and zip code along with the mailing address.**
- The destination country - **the destination country is the country of which is requesting the document(s). If turning them to an embassy, do not list the location of the embassy but the actual country.**
- Stamp and addressed return envelope - **if mailing out of the country, please be sure to include all the correct and required postage.**
- Payment of \$2.00 per document – **the following documents are exempt from charges:**
 - a. Birth/Death Certificates
 - b. Documents generated by the Indiana Secretary of State's office.
 - c. School/College Documents
 - d. Adoption Documents

Mail package to:

Indiana Secretary of State
Authentication Department
302 W. Washington St., Room E-018
Indianapolis, IN 46204



2 North Meridian Street • Indianapolis, IN 46204
317.233.1325
www.statehealth.in.gov

To promote and provide
essential public health services.



APPLICATION FOR SEARCH AND CERTIFIED COPY OF BIRTH RECORD

STEP 1

State Form 49607 (R5 / 5-12)
Approved by State Board of Accounts, 2012
INDIANA STATE DEPARTMENT OF HEALTH

BIRTH RECORDS IN THE STATE VITAL RECORDS OFFICE BEGIN WITH OCTOBER 1907. Prior to October 1907, records of birth are filed **ONLY** with the local health department in the county where the birth actually occurred.

FEES ARE ESTABLISHED BY LAW (IC 16-37-1-11 and IC 16-37-1-11.5). Each search for a record costs \$10.00. The fee is non-refundable. Included in one search is a 5-year period: the reported year of birth and, if the record is not found in that year, the 2 years before and after. A certified copy of the record, if found, is included in the search fee. Additional copies of the same record purchased at the same time are \$4.00 each. Amendments made to the record are an additional \$8.00.

WARNING: FALSE APPLICATION, ALTERING, MUTILATING, OR COUNTERFEITING INDIANA BIRTH CERTIFICATES IS A CRIMINAL OFFENSE UNDER IC 16-37-1-12.

IDENTIFICATION IS REQUIRED according to IC 16-37-1-7 (SEE REQUIREMENTS AND ACCEPTABLE DOCUMENTATION LIST). Requests for birth certificates sent without proper identification will be returned to the requester without processing. Please complete all items below as required pursuant to IC 16-37-1-10 (a):

Full Name at Birth

Could this birth be recorded under any other name? If Yes, Please Give Name.

Has the person ever been adopted? If Yes, Please Give Name AFTER Adoption.

Place of Birth: City

Place of Birth: County

Name of Hospital

Date of Birth (Month, Day, Year)

Is this Person Deceased? (Please Check One) YES NO UNKNOWN

If YES which state, if known

Full Name of Father (If adopted, Give Name of Adopted Father.)

Full Name of Mother including Maiden Name (If adopted, Give Name of Adopted Mother.)

Purpose for which record is to be used

APOSTILLE

Your Relationship to the Individual Named on the requested certificate

Total Certificates

Standard Size _____ (Passport Acceptable) Long Form _____ (Statistical Version)

(Please note: if a long form is unavailable, standard size will be sent.)

Is this certificate for an Apostille?
(Please Check One)

Yes No

Delivery Preference (Please call agency for current express delivery rate.)

Regular Mail Express Courier, Signature upon delivery required

Total Fee

Print Name of Applicant

Signature of Applicant

Mailing Address (Number, Street, City, State, ZIP Code) **ADDRESS MUST MATCH THE IDENTIFICATION PROVIDED.**

Daytime Telephone Number (including Area Code)

Today's Date (Month, Day, Year)

Send this application(s) with a check or money order payable to the Indiana State Department of Health, along with copy of Government State, or Military valid identification and/or required documentation to: Vital Records, Indiana State Department of Health, P O Box 7125, Indianapolis, IN 46206-7125. Web address www.in.gov/ISDH. Please note: Average processing time is 3-4 weeks. If identification does not match the address provided, your request will not be processed.

FOR OFFICE USE ONLY

Date received (Month, Day, Year)

Receipt Number

Volume Number

Certificate Number

Application Number

Initials of Verifier